

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 040 ***150.00

DOCUMENT # S58848

1. Entity Name

MARK JACKSON MOBILE HOME SERVICE, INC.



Principal Place of Business

1116 SW 116TH WAY
DAVIE FL 33325

Mailing Address

1116 SW 116TH WAY
DAVIE FL 33325

2. Principal Place of Business

190 SE 28th Way
Suite, Apt. #, etc.

3. Mailing Address

← SAME

City & State

Melrose, FL

City & State

← SAME

Zip

32666

Country

Bradford

Zip

32666

Country

U.S.

6. Name and Address of Current Registered Agent

JACKSON, MARK
1116 SW 116TH WAY
DAVIE FL 33325

ABOVE

4. FEI Number

65-0267116 OK

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Jackson Pres.

Signature, typed or printed name of registered agent and title if applicable.

Mark Jackson Pres.

(NOTE: Registered Agent signature required when reinstating)

3-11-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	JACKSON, MARK	<input type="checkbox"/> Delete
NAME		1116 SW 116TH WAY	
STREET ADDRESS		DAVIE FL 33325	
CITY-ST-ZIP			
TITLE	P	Jackson, Mark	<input type="checkbox"/> Delete
NAME		190 SE 28th Way	
STREET ADDRESS		Melrose, FL 32666	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
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CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Jackson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Jackson

3-11-04 954-992-3619

Date

Daytime Phone #